//	PAIGN CONTRIBUT	IONS AND E	XPENSES Rustee	RÉPORT		State	of Nevada
Name (or	riht) o	On ley /	applicable)	ب حق			strict (if applicable)
Mailing A	ddress (include city and zip code)	exhadi "	8991	<u> </u>	55/ Telephon	236	Z .Z
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7 - 3	ppropriate Box(es) 🔀 CANDIDAT	E □ PÁC □ BÃ	G □ PÔL PRT	Y ∐ÎND EXP □]AMENDEC	. □ AÑ	NUAL FILING
	Annual Filing - Due	lanuary 15, 20	n.v.				
<u> </u>	Period: January 1, 2003 - Decer	nber 31, 2003		•	PILE	n ш	
		•		•		D#_	(P)
Incumber	Report #1 — Due Augu nts in an Office with a 4-year term		2001 Aug 26, 2	nna.		OCT	1 0 2004
Incumber	nts in an Office with a 6-year term	Period: Dec. 2	0, 1998 — Aug 26,	2004		OCT	1 8 2004
All others Ballot Ac	s dvocacy Groups (BAGs) only:	Period: Jan. 1, Period: Dec. 5	2004 – Aug. 26, 2 , 2002 – Aug 26, 2	004 004			E OFFICE OF
_	Report #2 Due — Octob	nor 26, 2004	- •		, DE/	IN HEL! ER	SECRETARY OF STATE
_			7, 2004 — Oct. 21,	2004		FOR OF	FICE USE ONLY
X	Report #3 Due — Janua	ry 15, 2005*			877	(2)	
BAGs on	Notes		2, 2004 — Dec. 31, 2, 2004 <i>-</i> Dec. 5, 2		10 3	9	
	,		-, 2004 + D60. O, Z	V0 1			
 Third	Annual Filing – Due Jar Period: January 1, 2004 – Report suffices for 2005 An	December 31, 20	04 ididate also fil	ed Report Nos.	1 and 2		
	No established the Cartes of	Asur Vil	i Vittalian Nijiri	: 14	1.9. 1		Cumulative
	CONTRIBUTIONS	SUMMARY					From Beginning of Report Period
•					This F	eriod	#1 through End
		ģ.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ý X			of This Reporting
1.	Total Monetary Contributions F	leceived in Excess	of \$100	•	-6	2	Period
	Total Monetary Contributions F				_@	>	-
			This Period	Cumulative From	•		
	•			Beginning of Report Period #1			
	•		_	Through End of This Reporting			`
3.	Total Amount of Monetary Co	ntributions	9445,000	Period			· I
	Received		.'		. ,	~~~	
4.	(Add Lines 1 and 2) Total Value of In Kind Contribut	tions Received in		1 _		- >	370
	Excess of \$100	1000,100	<u>-0</u>	-0	_		
		· ·		,	`		
		EXP	ENSES SUN	IMARY			e e e e e e
5.	Total Monetary Expenses Paid	in Excess of \$100			9	<i>Q</i> 9	A
6.	Total Monetary Expenses Paid	of \$100 or Less				0	-0
7.	Total Amount of All Monetary (Add Lines 5 and 6)	Expenses Paid			~		
8.	Total Value of In Kind Expenses	in Excess					
	of \$100	,		-		•	
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Declare	Under Penalty of Perjury Th	• •					
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Revised: Jan-04

Report Period #

Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE	
	* - 30 strate (9 th	6	E LOAN	
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PAGE OF Edward L Bul + Conley
Name (print)

TRUSTEE Office (if applicable) GGND

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	ı
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	ĸ

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

#1

Edward & Bud"

office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDR PERSON, GROUP ORGANIZATION V THE PAYMENT FO EXPENSE(S)	OR VHO RECEIVED	CATEGORY (See Previous Page) NRS 284A.385	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
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IN KIND CAMI		and the second s	بسري بدوريد مستسدد المستران ال	Report Period #,
Edward	L' Sud Coule	y trustee	GG.10	
Name (print)		Office (if applicable)		District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTO Addi	CONTRIBUTOR'S NAME AND ADDRESS		EACH ND SUTION	EACH		VALUE OR COST OF EACH IN KIND CONTRIBUTION		CHECK HERE IF LOAN
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Vame (nrint	1	50.50			Office life

office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRE PERSON, GROUP C ORGANIZATION WI THE IN KIND GOOD SERVICE(S)	R HO RECEIVED	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
		. [9
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Prescribed by Secretary of State
NRS 294A.120, 294A.125,
294A.140, 294A.150, 294A.160
294A.200, 294A.210, 294A.220, 294A.362
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